

**MONTEREY COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH**

APPLICATION

OWTS MONITORING WELL- DESTRUCTION /CONSTRUCTION

ONE APPLICATION PER WELL

Date of Application: _____ Date of estimated work: Start _____ Ending _____

- Monitoring Well - \$ 426 1st 3 hours -Construction -Abandonment/Destruction
(PE1598)

Site Address/Job Site	
Name of Business:	
Physical Address of Site:	
City, State, Zip Code:	
APN or GPS Coordinates:	Well #: _____
Property Owner	
Owner:	
Mailing Address:	
City, State, Zip Code:	
Phone Number:	
Consultant	
Consultant:	
Contact Person:	
Mailing Address:	
City, State, Zip Code:	
Phone Number: () -	E-Mail Address: _____
Driller	
Driller:	
Mailing Address:	
City, State, Zip Code:	
Phone Number: () -	C-57: _____

A map showing the following data must accompany this application:

- 1- The property lines, distances of the proposed well/soil boring to the property lines, other wells or borings on the property and adjacent properties.
- 2- The location of the proposed well/soil borings must be marked at the site by a surveyor's stake with the words "proposed well/soil boring".
- 3- A work plan and site safety plan must also accompany well and soil boring applications.

REASON FOR INSTALLATION – DESTRUCTION OF OWTS MONITORING WELL:

MONTEREY COUNTY - OFFICE USE ONLY

Permit No. _____

Inv. No. _____

Amount Paid _____

Date Paid _____

CHECK # _____

-Ground Water Monitoring
 -Vapor Extraction
 -Piezometer
 -Soil Boring/Core Sampling
 -Vadose Zone
 -Cathodic Protection Well
 -Other:

Proposed Specifications:

Depth (ft): _____ Diameter (in): _____ Width seal (in): _____ Depth Perforations: _____

Casing:

Single/Double: _____ Material: _____ Type of joint: _____

Drilling Method

- Rotary
 - Cable
 - Dug
 - Other: _____

Location of well Seals: (ft) _____

Existing Wells on Property: Check one

Condition of other wells on property:	<input type="checkbox"/> -In use	<input type="checkbox"/> -Inactive	-Abandoned
Indicate intentions for use of replaced well:	<input type="checkbox"/> -To be abandoned	<input type="checkbox"/> -To be LEFT inactive	-To supplement new well -Irrigation (AG)

WELL DESTRUCTION
 SOIL BORING DESTRUCTION

Submit well log with the application and a site plan. Depth of well/boring (ft) _____ Depth of proposed seal(s) (ft): _____

Materials to be used: _____

Location of screens or perforations: _____

Cleaning of well required: _____

I hereby agree to comply with all laws and regulations of the County of Monterey and the State of California pertaining to well/soil boring construction and destruction. I will contact the Monterey County Health Department before I commence the work. After completion of the work, I will furnish the Monterey County Health Department a log, signed and stamped by a certified professional. A certified professional will also directly supervise all drilling operations. I hereby agree that I will not commence work until I have a valid permit and that I will notify the Monterey County Health Department if I change the location of the well/boring site. I hereby agree to pay all fees at the time of application and any subsequent fees that may accrue.

All legal representatives' signatures **must be obtained before a permit is issued.**

Property Owner Print: _____

Property Owner Signature: _____

Date: _____

Drilling Contractor Print: _____

Drilling Contractor Signature: _____

Date: _____

Print Name: _____

Date: _____

Circle One: Registered Geologist / Civil Engineer Certification Number: _____

Mail your MW/SB application packet along with your check to:

Monterey County Health Dept. – Environmental Health
 1270 Natividad Road
 Salinas, CA 93906
 Questions: (831) 755-4511
www.mtyhd.org